

What demand should we plan to supply to social care?

Background

Government intervention was required when supply routes for PPE couldn't meet the rapid upswing in demand following steep rise in Covid 19 cases.

Ideally infection rates will continue to drop, but planning guidance means we must prepare for infection rates continuing at the present rate into next year (including over the winter) or a second wave later this year.

Improving our understanding

We need to know more about PPE usage and supply across Social Care to improve our demand assumptions. Key questions include:

1. What are the current Social Care PPE usage levels?
 - How much PPE is being used on Social Care?
 - What has driven changes in PPE usage?
2. How resilient is the PPE supply chain for Social Care?
 - How much stock does the PPE supply chain have?
 - How much inbound supply does the PPE supply chain have?
3. What is the current and future demand for PPE in Social Care?
 - What is the current demand for PPE, and how might this evolve in the future?
 - How much PPE could be supplied by private sector (at an affordable price) and by central supply chain?

We will seek to answer these questions by:

- Collecting data
- Surveying suppliers
- Refining requirement and usage calculations
- Understanding potential policy changes and scenarios
- Evaluating impact on PPE supply

What we have done so far

Care Homes Survey

DHSC commissioned a survey to sample 1000 care homes in England - 36% of those approached provided information. Survey provides a quick snapshot at national level of current PPE stocks and usage in care homes across all parts of England. Some early findings:

Number of daily interactions with residents requiring PPE: The weighted average (median) interactions that each resident had with one or two care staff per day was 10.0, regardless of whether the resident was receiving nursing and personal care or personal care alone. The proportion of these interactions that required a change in PPE was greater for those residents receiving nursing care.

Stocks of PPE held in care homes: The average (median) number of days stock will last for masks (FFP3 and type IIR), aprons and gloves was a minimum of 14 days. The average (median) number of days stock will last for reusable eye protection (visors and goggles), was a minimum of 26 days.

Use of government approved suppliers: Care homes in the survey had accessed PPE from all 11 government approved suppliers. Five of the approved suppliers had been used by less than 5% of care homes. 55% of respondents had accessed PPE from a wide range of other suppliers and routes, including retailers. A number of these 'other' suppliers were mentioned by as many care homes as some of the government approved suppliers.

What we are doing next

Home care provider survey

DHSC are developing a survey to improve understanding of the PPE stock position and supply of PPE to the home care sector. A random sample of home care providers in England, designed to be representative of the sector will be contacted and asked to take part in a short telephone interview.

Personal assistants

DHSC are developing a survey to improve understanding of the PPE stock position and supply of PPE to employers of personal assistants. Employers of personal assistants will be invited to participate in the research through a letter cascaded by stakeholders from the Skills for Care working group.

Qualitative interviews with personal assistants

DHSC are commissioning the NIHR Health & Social Care Workforce Research Unit (HSCWRU) to conduct qualitative interviews with a sample of self-selecting personal assistants across the country.

Identifying any *other sections of the social care sector* which may have specific PPE requirements e.g. day care services.

Understanding the *resilience of the Wholesalers* in providing PPE to the social care sector as well as their wider role in the provision of medical supplies across health and social care sectors.

Drawing on *existing data sources*.

Where this will take us

Improved understanding of the PPE needed in Social Care, which will influence decisions on:

- Buy and make
- Distribution to social care
- Funding
- The future preparedness strategy for PPE in Adult Social Care
- Potential second wave/ Winter planning

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